

5. Telephone Number: Home _____ Business _____
6. E-mail address: _____
7. If appointed to the magistrate judge position, will you be at least thirty (30) years of age at the time you assume the position? Yes No
8. Are you a U.S. Citizen? Yes No
9. If appointed to the magistrate judge position, will you have been a legal resident of the state of Idaho for at least two (2) continuous years by the time you assume the position? Yes No
10. If appointed to the magistrate judge position, will you have been in good standing as an active or judicial member of the Idaho state bar of at least two (2) continuous years immediately preceding the appointment? Yes No
11. If appointed to the magistrate judge position, will you have held a license to practice law or held a judicial office in one (1) or more jurisdictions for at least five (5) continuous years immediately preceding appointment? Yes No
12. Do you have the ability to travel? Yes No

II. EDUCATION

9. Name of colleges or universities attended:

<u>School and Location</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Year Degree Rec'd.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Chief undergraduate college subjects: _____

B. Chief graduate college subjects: _____

C. State major field of study at highest level of college work: _____

D. List other schools or training (for example: trade, vocational, Armed Forces or business) and give for each the name and location of school, dates attended, subjects studied, certificates and any other pertinent date:

(a) _____

(b) _____

(c) _____

(d) _____

III. MILITARY

10. Are you presently serving or have you ever served in the Armed Forces of the United States? Yes No

11. If YES, attach a detailed statement including:

- (a) branch of service;
- (b) serial number;
- (c) rank;
- (d) inclusive dates of your service;
- (e) type of discharge (A less than honorable or general discharge is not an absolute bar to appointment, and other factors will affect a final decision to appoint.);
- (f) whether or not you were ever convicted by a court-martial or subjected to punishment under article 15 of the Uniform Code of Military Justice (If yes, give complete details.);
- (g) if discharged, attach a copy of your discharge or separation papers. Do not attach a discharge or separation based on medical reasons.

IV. EMPLOYMENT

12. What is your present occupation? _____

13. List below your complete work history for the past fifteen (15) years, starting with your present position and working backward to your first employment. List any periods of unemployment. All of your time must be accounted for.

A. _____

_____	_____
Date of Employment (From/To)	Place of Employment
_____	_____
Exact Title of Position	Type of Business (Mnfg., Acct., Ins., etc.)
_____	_____
Address of Employment	City State ZIP
_____	_____
Phone Number	Type and Number of Employees you Supervised
_____	_____
Name, Title and Address of Immediate Supervisor	

Description of Work: _____	

Reason for Leaving: _____

B.

Date of Employment (From/To) Place of Employment

Exact Title of Position Type of Business (Mnfg., Acct., Ins., etc.)

Address of Employment City State ZIP

Phone Number Type and Number of Employees you Supervised

Name, Title and Address of Immediate Supervisor

Description of Work: _____

Reason for Leaving: _____

C.

Date of Employment (From/To) Place of Employment

Exact Title of Position Type of Business (Mnfg., Acct., Ins., etc.)

Address of Employment City State ZIP

Phone Number Type and Number of Employees you Supervised

Name, Title and Address of Immediate Supervisor

Description of Work: _____

Reason for Leaving: _____

D.

_____ Date of Employment (From/To) _____ Place of Employment

_____ Exact Title of Position _____ Type of Business (Mnfg., Acct., Ins., etc.)

_____ Address of Employment _____ City _____ State _____ ZIP

_____ Phone Number _____ Type and Number of Employees you Supervised

_____ Name, Title and Address of Immediate Supervisor

Description of Work: _____

Reason for Leaving: _____

E.

_____ Date of Employment (From/To) _____ Place of Employment

_____ Exact Title of Position _____ Type of Business (Mnfg., Acct., Ins., etc.)

_____ Address of Employment _____ City _____ State _____ ZIP

_____ Phone Number _____ Type and Number of Employees you Supervised

_____ Name, Title and Address of Immediate Supervisor

Description of Work: _____

Reason for Leaving: _____

F. _____
Date of Employment (From/To) Place of Employment

Exact Title of Position Type of Business (Mnfg., Acct., Ins., etc.)

Address of Employment City State ZIP

Phone Number Type and Number of Employees you Supervised

Name, Title and Address of Immediate Supervisor

Description of Work: _____

Reason for Leaving: _____

14. Have you ever been discharged (fired) from employment for any reason?
 Yes No
15. Have you ever resigned after being informed that your employer intended to discharge you for any reason?
 Yes No
16. Were you ever subjected to disciplinary action in connection with any employment?
 Yes No
17. If your answer to item 14, 15, or 16 is YES, give details showing the name and address of employment, approximate date, and reasons in such case. This information should agree with statements made regarding experience.

V. HEALTH

18. Does the state of your health permit you to perform job-related functions with or without accommodation? Yes No
19. Would you agree to comply with all state, city and county policies regarding smoking? Yes No

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I agree that if I am selected for this position, I will authorize any clinic, physician, surgeon, or other practitioner mentioned herein to furnish to the District Magistrates Commission a complete transcript of my medical record for the purpose of evaluating my qualifications for employment within the Idaho Judiciary.

Dated _____ Signature _____

VI. GENERAL BACKGROUND

20. Have you ever plead guilty or been found guilty of any federal law, state law, county or municipal law, regulation or ordinance? If so, please give details. Do not include traffic violations for which a fine of \$50.00 or less was imposed.

DATE	LOCATION	VIOLATION (Actual Charge)	COURT DISPOSITION OF SENTENCE	POLICE AGENCY INVOLVED

21. Do you have a valid motor vehicle operator's license? () Yes () No

22. If so, list your driver's license number, state, and expiration date: _____

23. If you are now an officer or director of any business organization or otherwise engaged in the management of any business enterprise, please give details, including the name of the enterprise, the nature of the business, the title of your position, the nature of your duties, and the term of your service. If it is not your intention to resign such positions and give up any other participation in the management of any of the foregoing enterprises, please so state, giving reasons.

24. Have you ever held judicial office? If so, give the details, including the court involved, whether elected or appointed, and the periods of service.

25. Have you ever held public office other than a judicial office, or have you ever been a candidate for such an office? If so, give the details, including the office involved, whether elected or appointed, and the length of your service.

26. List any honors, prizes, or other forms of recognition that you have received.

27. List all courts in which you are presently admitted to practice, including the dates of admission in each case. Give the same information for administrative bodies having special admission requirements.

28. Are you actively engaged in the practice of law at the present time? If you are connected with a law firm, corporate law department, or a governmental agency, please state its name and indicate the nature and duration of your relationship.

29. If in the past you have practiced in other localities or have been connected with other law firms, corporate law departments, or governmental agencies, please give the particulars, including the locations, the names of the firms, corporate law departments, or agencies, and your relationship thereto, and the relevant dates. Also indicate any period in the past during which you practiced alone.

30. What is the general nature of your practice? Indicate the nature of your typical clients and mention any legal specialties that you possess. If the nature of your practice has been substantially different at any time in the past, give the details, including the nature of such and the periods involved.

31. What percentage of your practice involves court appearances? _____%

32. What percentage of your court appearances in the last five (5) years was in:

(a) Federal Courts _____%

(b) State Courts of Record _____%

(c) Other Courts _____%

33. What percentage of your litigation in the last five (5) years was:

(a) Civil _____% Approximate number of Jury Trials _____

(b) Criminal _____% Approximate number of Jury Trials _____

34. Have you ever been engaged in any occupation, business, or profession other than the practice of law? If so, please give the details, including dates.

35. Have you ever been a party or otherwise involved in any other legal proceedings? If so, give the particulars. Do not list proceedings in which you were merely a guardian ad litem, a witness, or stockholder. Include all legal proceedings in which you were a party in interest, were named as a co-conspirator or a co-respondent, and any grand jury investigation in which you figured as a subject.

36. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, bar association, disciplinary committee, or other professional group? If so, please give the particulars.

37. Have you ever published any legal books or articles? If so, please list them, giving the citations and dates.

38. List all bar associations and professional societies of which you are a member, and give the titles and dates of any offices that you have held in such groups. Also list committees in bar associations and professional societies and memberships on any committees that you believe to be of particular significance (i.e., judicial selection committee, committee of censors, grievance committee) or for which you served as the chairperson.

VII. REFERENCES

39. List any persons (at least four (4) of whom are lawyers) living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under the Employment Section.

A. _____
Complete Name Occupation Years Known

Home Address

City State ZIP Phone Number

B. _____
Complete Name Occupation Years Known

Home Address

City State ZIP Phone Number

C. _____
Complete Name Occupation Years Known

Home Address

City State ZIP Phone Number

D. _____
Complete Name Occupation Years Known

Home Address

City State ZIP Phone Number

The applicant, being sworn, having read the foregoing, says that the responses to the foregoing questions, and information contained on any attached materials, are true and complete to the best of my knowledge. I have not withheld any information that would be significant to the Magistrates Commission in evaluating my fitness for the judicial office for which I have applied. I have met, or will timely meet, any residency requirements or other legal requisites for such judicial office. I understand that any misstatement or omission in respect to any material fact which would in any way affect my eligibility for appointment or employment will subject me to immediate disqualification from further processing of this application or, if appointed as a magistrate judge with the state of Idaho, to immediate dismissal. I further expressly authorize the Magistrates Commission to inquire of the Idaho State Bar regarding disciplinary matters involving me, the U.S. Armed Forces or state national guard regarding my general service record, including performance evaluations, and the Idaho State Tax Commission to verify that income tax returns have been filed and the status of any investigations conducted by the Tax Commission. I hereby waive any confidentiality, privilege or other restrictions involving the release of the above information about me by those organizations, and to verify any other statements made in this application or in any examinations or interviews conducted relative to this application, including but not limited to criminal arrest and/or conviction information. I further expressly authorize the release of any university or law school transcripts, and waive any privilege or confidentiality or other restrictions involving the release of such transcripts. By submitting this application, I agree and understand that if I am offered and accept the position of Magistrate Judge, I may be assigned by the Idaho Supreme Court, Administrative District Judge or the Trial Court Administrator of this District to preside over and dispose of cases outside of the county for which I am appointed.

Printed Name

Signature

Dated

STATE OF IDAHO)
COUNTY OF _____) ss.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC
Residing at: _____
My Commission Expires: _____

Notice: If you are offered this magistrate judge position, you may be required to provide information regarding your place of birth, credit history and medical history. Further, a security investigation of you will be made.

ADDITIONAL PERSONAL DATA

Note: This information is gathered for the sole purpose of obtaining a criminal history background check, and for identification purposes in conducting complete background checks on the applicant. The information on this page will not be disclosed to the Magistrate Commission.

Your Current Name: _____
(As Listed on Page 1 of Application)

List any other names you have ever used:	Date of Name Change:
_____	_____
_____	_____
_____	_____
_____	_____

Your Date of Birth: _____

Your Social Security Number: _____